but subject to paroxysms of fury resembling those of acute mania. More commonly, however, underlying even the aggressiveness and violence, there is a foundation of fear which often resembles that of delirium tremens, and when with this condition of fear there is associated distinct tremulousness, the likeness to delirium tremens is very pronounced; indeed, Wood believes that delirium tremens should be considered a form or variety of confusional insanity.

Very rarely ought there to be any trouble in recognizing the true nature of confusional insanity. The history of the attack, the knowledge that the outbreak was preceded by an exhausting disease, traumatism or emotion, the failure of bodily nutrition and of general nerve force, the lack of dominant emotional excitement, the stupor, the peculiar mental confusion, the kaleidoscopic character of the hallucinations, make diagnosis easy. The propiosis is favorable. Krafft-Ebing gets 70% of recoveries, and in Wood's cases even when the mental confusion has amounted to complete and absolute imbecility, complete recovery has almost invariably occurred, provided there have been no preëxisting organic bodily lesions, such as unsound kidneys, or degenerated arteries. Death may, however, occur in complicated cases. If the mental recovery be not complete, the result is lack of mental power, but never a so-called reasoning insanity, never a state resembling that of paranoia. Wood cites five cases illustrating his conception of confusional insanity: I., after childbirth; II., after removal of the breast for cancer; III., after perineorraphy; IV., after typhoid; V., after loss of sleep from nursing, combined with anxiety. All the patients recovered.

Cases of Post-Febrile Insanity. WILLIAM OSLER, M. D. John Hopkins' Hospital Reports, 1890, II, 46.

This article is written to give illustrative cases of Wood's Confusional Insanity, where there is one fundamental brain condition, viz:—impaired nutrition with consequent exhaustion of the nerve centres. Osler refers to the articles by Shepard (Am. J. Med. Sciences, Dec., 1888), and T. Gaillard Thomas (Medical News, 1889), and reports five cases:

I. Pneumonia. Slow convalescence with development of hallucinations and delusions.

II. Typhoid fever; severe attack with much delirium. Mania during convalescence. Gradual recovery after four months.

III. Typhoid fever of moderate severity. Development of delusions during convalescence. Recovery after six weeks.

IV. Typhoid fever, mild attack. Gradual development of delusions. Slow, halting speech. Recovery.

V. Typhoid fever, severe attack. During convalescence development of delusions. Persistence of mental symptoms for ten weeks. Recovery.

Prognosis usually good. Of the seven cases seen by Osler five after typhoid and two after pneumonia, six recovered and the seventh seemed likely to recover. Patients should therefore be cared for at home if possible. Seclusion, incessant watchfulness, absolute rest in bed, with massage and careful feeding are indicated. In the cases where the temperature is mentioned this had fallen to normal before the mental symptoms came on.

Osler does not attempt to add to Wood's description of the mental state of these patients.

Acute Confusional Insanity. CONALLY NORMAN. Dublin Journal of Medical Science, 1890, I, 506.

Norman claims that this form of insanity is not recognized in England. He agrees with Salgó that acute confusion is the most common of all forms of insanity, although Salgó's definition is too wide according to Norman. It would come between the acute mania and acute